## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10/12</u> /2 <u>010</u>	Address;	Arca of 3A and East Shore	
Case #:	<u>24-31950</u>		Bremen, Indiana	
County:	<u>Marshall</u>		(SITE II)	
Type of Laboratory Scizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	eheck all that apply)  I Hotel/Motel  Open No Structure  Other;	
(check all the Lithium   ☐ Red Photo   ☐ Flamma   ☐ Water R   ☐ Anhydroch   ☐ Corrosiv   ☐ Corrosiv	at apply)  /Ammonia Reaction(s): open air  osphorous/Iodine Reaction(s):  ble Solvents: open air  eactive Metal (Lithium): open air  ous Ammonia:  cloric Acid Gas Generator(s):  to Base: open air  cen and location):	ir. etc)		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agence		☐ Ephedrine ☐ Retail/Mo ☑ Other:L <u>E</u>	<del></del>	
Health Depa	nent: <u>BREMEN_VFD</u> rtment: <u>Marshall County</u> tion Scrvice: <u>n/a</u>	Fax: <u>574-54</u> Fax: <u>(574) 9</u> Fax:	•	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>				

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.